1366404



SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NUMBER OF FRING EXEMPTION

OMB APPR	ROVAL
OMB Number:	3235-0076
Expires:	
Estimated average	ge burden
hours per respon	

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED
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UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Common stock offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing. New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	06038478
Associated Media Holdings, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including	ng Area Code)
Park Tower, 5150 East Pacific Coast Highway, Suite 300, Long Beach, CA 90804 562-986-4800	-
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Includ (if different from Executive Offices)	ing Area Code)
(same as above) Brief Description of Business	
Mobile content provider	ROCESSE
Type of Business Organization Corporation Iimited partnership, already formed other (please specify): business trust Iimited partnership, to be formed	ROCESSEI IUN 20 2006
Month Year Actual or Estimated Date of Incorporation or Organization: 0 6 0 4 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	i homson Financial
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 77d(6).	et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manual photocopies of the manually signed copy or bear typed or printed signatures.	ally signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and off thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in eac are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the praccompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice of this notice and must be completed.	h state where sales roper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, fail appropriate federal notice will not result in a loss of an available state exemption unless such exemption is pred filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

1 of 9

		A. BASIC 1DE	ENTIFICATION DATA			
2. Enter the information re	equested for the fol	llowing:				
Each promoter of:	• Each promoter of the issuer, if the issuer has been organized within the past five years:					
 Each beneficial ow 	ner having the pow	er to vote or dispose, or dir	ect the vote or disposition (of, 10% or more of	a class of equity securities of the issuer.	
• Each executive off	ficer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and	
Each general and it	managing partner o	f partnership issuers.				
Check Box(es) that Apply:	✓ Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
E. II Name of est name first	findinidual)					
Full Name (Last name first, i Franklin, Darryl						
Business or Residence Addre Park Tower, 5150 East F				04		
Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, Nosal, William	f individual)					
Business or Residence Addre		-		4		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, lbe, Ray	f individual)					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Park Tower, 5150 East P	acific Coast High	hway, Suite 300, Long	Beach, California 9080)4		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, Way Daniel	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
Park Tower, 5150 East F	Pacific Coast Hig	hway, Suite 300, Long	Beach, California 908	04		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i Clearvision, Inc.	f individual)					
Business or Residence Addre		· · · · · · · · · · · · · · · · · · ·				
Park Tower, 5150 East F	Pacific Coast Hig	hway, Suite 300, Long	Beach, California 9080	04		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addre	ess (Number and	Street. City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			



					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
L												Yes	No
1.									×				
	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							_{\$} 25,000.00					
2.	What is	the minim	ium investn	nent that w	ill be acce	pted from a	ıny individ	ual?	****************				
3.	Does the	e offering	permit join	t ownershi	p of a sing	de unit?						Yes ⊮	No
4.											irectly, any		U
	commiss If a person or states	sion or sim on to be lis s, list the na	ilar remune ited is an ass ame of the b	ration for s sociated pe broker or de	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state sons of such		
En.I			you may s			on for mat	broker or		′. ————				
rui	i ivalite (i	Last name	mst, ii mu	ividuali									
Bus	iness or	Residence	Address (N	umber and	d Street, C	ity, State, Z	(ip Code)						
Nar	ne of Ass	ociated Br	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" ar check	individual	States)				*************	************		□ Al	l States
													رست
	AL IL	AK IN	ΔZ IA	KS	CA KY	CO LA	ME)	DE MD	DC MA	FL.	[GA] [MN]	HI MS	MO
	MT	NE	NV	NH	NI W	NM	NY	NC]	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	\overline{WV}	WI	WY	PR
Ful	l Name (1	Last name	first, if ind	ividual)									
Bus	siness or	Residence	: Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
			· <u> </u>										
Nai	ne of Ass	ociated Bi	roker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						······································
	(Check	"All States	s" or check	individual	States)	*************		***********				Al	l States
	AL	ΑK	[47]	[AD]	(CA)	[22]	الخنطا	(PE)	التحتا	TOT	احت	_	ريس
	IL	IN	[AZ]	KS	CA KY	[LA]	CT ME	DE MD	DC MA	FL	GA) MN	MS MS	ID MO
	MT	NE	NV	NH	[K]	NM	NY	NC)	[ND]	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	Last name	first, if indi	ividual)			····						
Bus	iness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Acc	ociated Pr	oker or De	alar									
IVai	11C 01 733	ocialed bi	oker or De	aici									
Stat	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers						
(Check "All States" or check individual States)							States						
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[UI]
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	SC.	SD	TN	TX	(UT)	VT	∇A	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER O	OF INVESTORS, EX	PENSES AND USE	OF PROCEEDS
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۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	§ 2,000,000.00	\$ 480,000.00
	✓ Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases \$ 480,000.00
	Accredited Investors		***************************************
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		§ 15,000.00
	Accounting Fees		\$ 5,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		§ 20,000.00
		_	

	C. OFFERING PRICE, NUM	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		s	\$ 1,980,000.00				
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate an f the payments listed must equal the adjusted gros	d					
			Payments to Officers. Directors, & Affiliates	Payments to Others				
	Salaries and fees		. 3 \$ 540,000.0C	\$				
	Purchase of real estate		. 🗆 \$	 \$				
	Purchase, rental or leasing and installation of mad and equipment	chinery	s	s				
	·Construction or leasing of plant buildings and fac	ilities	\$					
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	□ \$	□\$					
	Repayment of indebtedness	_						
	Working capital							
	Other (specify): marketing, content acquisition services.	and development, advertising, professional	\$	\$ 995,000.00				
			\$	\$				
	Column Totals		☑ \$ <u>540,000.00</u>	Ø\$_1,440,000.00				
	Total Payments Listed (column totals added)		✓s_1,5	00.000,080				
		D. FEDERAL SIGNATURE						
sign	issuer has duly caused this notice to be signed by the sature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ssion, upon writter	e 505, the following request of its staff.				
Issu	er (Print or Type)	Signature	Date					
As	sociated Media Holdings, Inc.	Contract of the second	5.30.0	56 .				
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
Da	rryl Franklin	President						

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)